

Name

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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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Office: 45 Memorial Circle, Augusta, Maine

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MAINEETHICS COMMISSION

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

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Mailing address	7 O 1	District
12 Poplar Hill		
City, zip code	w I am	Phone
1 Mexico	04257	364-5665
7460		
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY ANO	THER
alisa keessa dada haki sa ka mada ka ka sa sa sa ka ka ka ka dada ka dada ka k		
economic activity of each employer.	m whom you received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
-	134 Main St, POB2251	Executive
Town of Mexico	Mexico, Me 04257	Secretary
SII C MC	State House Station	The Control of the Co
State of ME	1	Legislator
	Augusta, me	
•	\$ 1	
DADT 0 INC	OME REDIVED EDOM SELECTION	
	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)	
	f any, and list the major areas of economic activity	from which you derived income. If
associated with a partnership, firm, professional a	association, or similar business entity, list the major	or areas of economic activity of that
entity.	,	•
		Major Areas of Economic
Name and Address of Business Entity	Major Areas of Economic Activity	Activity
	(self)	(partnership, association or similar
		business entity)
Name:		
Address:		
меторической политической выполнять подружения в подружен		
Name:		Appendix of the second
Address:		·
		1

PART 2 (continued). INCOME DERIVED FROM SELF-EM (For Legislators who are self-employed.)	PLOYMENT	
B. List each source of income derived from self-employment that represents more than 10% of greater, and specify the principal type of economic activity of the entity or person from whom disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the entity or person from whom the income was derived.	you derived su he principal type	ich income. If this form of of economic activity of the
Name and Address of Source	Activity	cipal Type of Economic of Entity or Person Who is Source of the Income
Name:	No service of the ser	
Address:	Munikaaasiiinnaasikhiska Munikangunipopongopaning	тарын тарынын Баній мадамина Арайман Арайман Араймын Араймын Таа мыраты уунунун уучынун мыртын түз элгий.
Name: Address:	Polisher minima de la force de	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	en együlül ken epelekini bi Pelekini eleki el birilik	
List your major areas of practice. If associated with a law firm, list the major areas of practice of		
Name and Address of Firm Major Areas (se		Major Areas of Practice (firm)
Name:	un waanaanay	
Address:		ry klanduktori anuktot ((det mot kilo last va k e PPE) sodovini sako ((lista fa k h e sel (list fa k koloni med sodovik k e Pk kilorio fa
Name:	. The state of the	
Address:	Revortero	
PART 4. OTHER SOURCES OF INCOME		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not inc	clude gifts. If no	ne, check the box.
None	ARTHURALI V SHINAVIHURBINASH WAA VII ISEMAASHEESIASAARII	PAS STANDER BERTEILE FER WERT SERVEN BEWEIGEN DE FRANKE STEINE STANDER WERTEN PLANSE WERTE PER DE FRANKE FREIE
Name and Address of Source	(inv	Kind of Income estments, leases, etc.)
Name:		
Address:		
Name:		
Address:	- Variable Antonio Ant	
PART 5. REPORTABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during areas of economic activity of each creditor. Do not list credit card liability or loans from a relative		
None	eeeenaas, joti jaanikan ja joti jama teksisja ja j	ang digundan kan mendangan kan dan dan mendangan kan dan menggan kan dan mendan kan dan kan dan kan dan kenada Penggan kan dan kan dan kenada kan dan dan dan dan dan dan dan dan dan d
Name and Address of Creditor		cipal Type of Economic Activity of Creditor
Name:	an	
Address:	Fribansumme ekkrifina i rink hakri yaki kamalaagaan arususususususususus	isobligaskid sidiriyliriddik kiriniyyaan ay oo aan a gaay oo aan aan aan aa abay aan saa
Name:	-	
Address:	CHARACE	

PART 6. R	EPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include none, check the box.	gifts with an aggregate value of	more than \$300 from a single source. If
Ø None	amin ay maara ka maanaan ka ay qaaq qaan qay ay a	randakan pendapan kelandah dara menusukan kelandah menungan penganyan pengapan dan dalah dara menusukan menganyan gener
Name of Source of Gift	Nar	ne of Source of Gift
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2.	4.	0.099940.076 $0.000666.076$ $0.000666.076$ $0.0006666.076$ $0.0006666.076$ $0.0006666.076$ $0.0006666.076$ 0.0006666 0.0006666 0.0006666 0.0006666 0.0006666 0.0006666 0.0006666 0.0006666 0.0006666 0.0006666 0.0006666 0.0006666 0.0006666 0.0006666 0.00066666 0.00066666 0.00066666 0.00066666 0.00066666 0.000666666 0.000666666 0.000666666 0.000666666666 0.0006666666 0.000666666666 0.0006666666666 $0.000666666666666666666666666666666666$
PART 7. REPO	RTABLE HONORARIA	
List the source of any honoraria accepted for appearances or spe	eches related to your legislative	responsibilities. If none, check the box.
None None	en Dele de politica en francia de maior en en cilipante en	
Name of Source of Honoraria	Name (of Source of Honoraria
1.	3.	
2.	4.	rina kanan dan permengan pengangan dan pengangan dan pengangan kanan dan pengangan pengangan pengangan pengang
PART 8 REPRESENTAL	ION BEFORE STATE AGEN	CIES
List each executive branch agency before which you represente		
	anni krasnila a kulasi ja maja 19 miji 19 ja 19 ja 19 km	TO THE POST OF THE
Name of Agency		
1.	3.	lame of Agency
	O.	alah derikat halah laturu mengengan penggapan kalah pengrapan kepada kepada kalah kalah laturu kepada kepa
2.	4.	
PART 9. BUSINES	S WITH STATE AGENCIES	
List each executive branch agency to which you or a member of \$1,000 during the reporting period. If none, check the box.	your immediate family sold go	ods or services with a value in excess of
None	ta and the state of the state o	h + tyres a support description (Color (Co
Name of Agency		lame of Agency
1.	to exemplate from the little of the transfer have been been been been been the training in the properties the been been been been been been been be	te (1, 2, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,
	estar AA esta AA de esta de 19 Novel est	ronders him can author of the file file file file file file file fil
2.	4.	
PART 10. INCOME RECEIVED	BY MEMBERS OF IMMEDIA	TE FAMILY
List the type of economic activity representing each source of in dependent child(ren) during the reporting period and the kind of	come of \$1,000 or more receive	d by your spouse or domestic partner or
or more of income, their name and job title are listed. Do not incli	de gifts.	use of domestic partner received \$1,000
	pe of Economic Activity epresenting Source of Relation Income Received	nship Kind of Income
Name: Richard A. Briggs 1.	Driver St. W. 1 45	Por 1. payrall check
Name: MCHARA /1, D. 1853	Ground's Minter Dome	or stic 2.
Job Title: School Bas Driver/Grounds & Mainhanne 3.	Partr	ner 3.
	Depen Chil	
If dependent child(ren) receive more than \$1,000 of income	Cni	
for the reporting period, list only the type of economic activity and the kind of income.	Chil	
	Depen Chil	

was compensated. If a family member listed, indicate your r	erationship and the ha	me or the rainily memi	JCI .	
☐ None Organization/Business	normanyarakeniiiii rearkiikejikejikejikejekekeitekkeitekeitekei	Position Held	Family Member's	Compen-
and Address Western ME Comm-Action PO Box 200 East wilton ME 04234	Board Wember	Sheryl Briggs	Name	ne
River Valley Healthy Comm. Coalition 10 Bot 86, 94 River St. Rumbod, Me 04276	Board Member	Sherp) Briggs		no
	SIGNATURE	nerus er es es especialista. Personalista es especialista		
The intentional filing of a false statement is a Class E	crime. If the Commi	ssion concludes tha	t it appears that a	
The intentional filing of a false statement is a Class E	crime. If the Commi	ssion concludes tha	t it appears that a	
The intentional filing of a false statement is a Class E owillfully filed a false statement, it shall refer its findings Sheryl J- Bregge Signature	crime. If the Commi	ssion concludes that ey General. (1 M.R.	t it appears that a	
ADDIT	crime. If the Commicof fact to the Attorned	ssion concludes that ey General. (1 M.R.:	t it appears that a S.A. § 1019)	a Legislator ha
The intentional filing of a false statement is a Class E willfully filed a false statement, it shall refer its findings Signature ADDIT Please provide any additional information below (and the information you are providing. Part/Section	crime. If the Commicof fact to the Attorned	ssion concludes that ey General. (1 M.R.:	t it appears that a S.A. § 1019)	a Legislator ha
The intentional filing of a false statement is a Class E willfully filed a false statement, it shall refer its findings Signature ADDIT Please provide any additional information below (and the information you are providing. Part/Section	crime. If the Commicof fact to the Attorned	ssion concludes that ey General. (1 M.R.:	t it appears that a S.A. § 1019)	a Legislator ha
The intentional filing of a false statement is a Class E willfully filed a false statement, it shall refer its findings Signature ADDIT Please provide any additional information below (and the information you are providing. Part/Section	crime. If the Commicof fact to the Attorned	ssion concludes that ey General. (1 M.R.:	t it appears that a S.A. § 1019)	a Legislator ha
The intentional filing of a false statement is a Class E willfully filed a false statement, it shall refer its findings Signature ADDIT Please provide any additional information below (and the information you are providing. Part/Section	crime. If the Commicof fact to the Attorned	ssion concludes that ey General. (1 M.R.:	t it appears that a S.A. § 1019)	a Legislator ha
The intentional filing of a false statement is a Class E willfully filed a false statement, it shall refer its findings Signature ADDIT Please provide any additional information below (and the information you are providing.	crime. If the Commicof fact to the Attorned	ssion concludes that ey General. (1 M.R.:	t it appears that a S.A. § 1019)	a Legislator ha
The intentional filing of a false statement is a Class E willfully filed a false statement, it shall refer its findings Signature ADDIT Please provide any additional information below (and the information you are providing. Part/Section	crime. If the Commicof fact to the Attorned	ssion concludes that ey General. (1 M.R.:	t it appears that a S.A. § 1019)	a Legislator ha
The intentional filing of a false statement is a Class E willfully filed a false statement, it shall refer its findings Signature ADDIT Please provide any additional information below (and the information you are providing. Part/Section	crime. If the Commicof fact to the Attorned	ssion concludes that ey General. (1 M.R.:	t it appears that a S.A. § 1019)	a Legislator ha

PART 11. OFFICER OR DIRECTOR POSITIONS